

# VT HF Assessment

\* Indicates a mandatory question. Mandatory questions must be answered prior to completing the Assessment



Your medical records show you may have heart failure disease. Is this a condition you have? \*

- Yes  
 No

If "No" is selected, you will see the following alert:



[Confirm member does not have heart failure disease. Complete/close assessment]



Who is the provider treating you for your Heart Failure?

- PCP  
 Cardiologist  
 Other

If any of the above are selected, you will be asked to fill out provider information:

Name of Provider



When were you diagnosed with Heart Failure (HF)?

- Select --  
-- Select --  
0-6 months ago  
> 6 months ago  
>12 months ago



What is your most recent blood pressure?

- Select --  
-- Select --  
>130/80  
<130/80  
Don't know/remember

If > 130/80 is selected, you will receive the following alert:



Has your provider talked to you about ways to lower your blood pressure? [If NO or not taking recommended measures, 3-way call to schedule a f/u appointment].

If you select <130/80 you will need to fill out what the member's blood pressure actually is:

Member's blood pressure is

If "Don't know/remember" is selected, you will receive the following alert:



Ask your provider about your blood pressure level at your next office visit

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**Have you had an ejection fraction (EF)? The EF is part of an echocardiogram test to check how well your heart pumps.**

-- Select --  
-- Select --  
 Yes  
 Don't know, don't remember  
 No

If "Yes" is selected, you will need to fill out the completion date. You also will receive an alert.

Member's most recent EF was completed on



Most members do not know their EF #'s; please get these #'s. If the EF is  $\leq 40\%$ , the EBG's show evidence to support treatment with specific medications, but efficacy was less well established for specific medications in those who had a normal EF.



**I'm going to ask you questions about how you've been feeling lately. Have you had any new or worsening of these symptoms in the past 4 weeks?**

- Gained 3 or more lbs in the past week
- Light-headedness or palpitations [possible atrial fibrillation]
- Having trouble breathing or catching your breath
- Need more head elevation when sleeping
- New or worsening cough (without having an infection/fever)
- Leg and/or abdominal swelling
- Member is experiencing more weakness or fatigue than usual
- I have had no new or worsening symptoms in the past 4 weeks

If any of the above new/worsening symptoms are selected, you will receive the following alert:



Let's 3-way call with your provider and schedule a follow-up.[3-way call to schedule a follow-up appointment. Provider should determine urgency.]

If "Yes" is selected for the following question, you will need to put in the Oxygen flow rate:



**Are you currently prescribed Oxygen? (O2) Do you use your oxygen? If not, why not? \***

- Yes
- No

Oxygen flow rate is



**Do you have an implantable defibrillator, pacemaker, Left Ventricular Assistive Device (LVAD) or combination biventricular pacemaker and ICD (BiV-ICD)? These mechanical devices help your heart to beat regularly and/or fill and empty correctly.**

- ICD Therapy (implantable cardiac defibrillator)
- Pacemaker (cardiac re-synchronization therapy)
- LVAD (Left Ventricular Assistive Device)
- BiV-ICD (combo biventricular pacemaker and ICD)

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We are going to talk about the AHA (American Heart Association) guideline recommended medications that you may be currently prescribed. Are you currently prescribed a diuretic or "water pill"? \*

-- Select --
-- Select --
Yes
Not prescribed

If "No" is selected, you will see the following alert:



Unless diuretics are contraindicated, they are recommended for members with HF who have evidence of fluid retention, to improve symptoms. Sometimes these are prescribed only on a PRN basis for members with class I or class II HF.



Are you currently prescribed an anticoagulant or "anti-clotting" drug? (examples: coumadin, rivaroxaban, apixaban, dabigatran) \*

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected, you will receive the following alert:



Anticoagulants may be used in mbrs with chronic HF due to A. Fib. Low cardiac output, decreased px activity and edema all add to risk of clots. If your mbr does not have HF due to A. Fib and is not on these meds, please de-select suggested P/G/I's.



Are you currently prescribed a preferred beta blocker (metoprolol succinate, bisoprolol, carvedilol) or beta blocker? Beta blockers reduce the workload on your heart, helping the heart to pump more blood with each beat. \*

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected, you will see the following alert:



If systolic Heart Failure--> a preferred beta blocker is potentially indicated They are metoprolol succinate, bisoprolol and carvedilol. If diastolic heart failure, any beta blockers could be indicated.



Are you currently prescribed an ACE Inhibitor? (examples: enalapril, lisinopril) ACE Inhibitors also reduce the workload on your heart. \*

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected, you will receive this alert:



Members will usually not be on both an ACEI and ARB medication. If your member is on an ACEI, please deselect the ARB suggested Problems, Goals and Interventions. If member has systolic heart failure, this class of medication could be indicated.



Are you currently prescribed an Angiotensin Receptor Blocker? (example: diovan) ARB's help reduce workload on your heart. \*

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected, you will see the following alert:

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Members will usually not be on both an ACEI and ARB medication. If your member is on an ARB, please deselect the ACEI suggested Problems, Goals and Interventions. If member has systolic heart failure, this class of medication could be indicated.



**Are you currently prescribed Digoxin? Digoxin helps your heart pump more blood with each beat. \***

-- Select --  
-- Select --  
Yes  
Not prescribed

If “Not prescribed” is selected, you will see the following alert:



Digoxin is given to members with systolic HF to control symptoms with rate control and in members with A. Fib. If the member has no A. Fib or is asymptomatic, please de-select these problems with their suggested P/G/I's.



**Are you currently prescribed an Aldosterone Receptor Antagonist? (example: spironolactone) Aldosterone Receptor Antagonists help rid the body of extra water and can improve symptoms of heart failure in particular patients. \***

-- Select --  
-- Select --  
Yes  
Not prescribed

If “Not prescribed” is selected:



Unless contraindicated, spironolactone is recommended in members whose EF= $<40$  and have symptomatic HF. If your member is asymptomatic or not on an Aldosterone Receptor Antagonist, please de-select the following P/G/I's as indicated.



**Are you currently prescribed hydralazine? Hydralazine opens up your blood vessels. \***

-- Select --  
-- Select --  
Yes  
Not prescribed

If “Not prescribed” is selected, you will see the following alert:

Hydralazine is recommended for African Americans who are not on optimal tx for systolic HF but are still symptomatic, unless contraindicated. If your member is African American, please de-select these problems and their associated goals and interventions.



**Are you currently prescribed isosorbide dinitrate? Isosorbide dinitrate also opens up blood vessels. \***

-- Select --  
-- Select --  
Yes  
Not prescribed

If “Not prescribed” is selected, you will see the following alert:

Isosorbide dinitrate is recommended for African Americans who are not on optimal tx for systolic HF but are still symptomatic, unless contraindicated. If your member is not African American, please de-select these problems and their associated goals and interventions.

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Please select "yes" if member is not prescribed any of the AHA recommended medications at this time but has heart failure.

-- Select --  
-- Select --  
**Yes**



I am going to ask you a few questions about your habits of taking your medications [assess adherence] How often do you miss a dose? \*

-- Select --  
-- Select --  
**Never or 1 time a week**  
More than 1 dose a week

If "More than 1 dose a week" is selected, the next question will be highlighted to answer. If "Never or 1 time a week" is selected, the next question will be grayed out.



**Why do you miss taking your medications? \***

- Not following prescriber's instructions
- Forget to fill
- Forget to take
- Complexity - too many medications at different times
- Ran out of medication
- Unable to Pay
- Transportation
- Side effects/allergic reaction
- It doesn't work
- Difficulty taking/swallowing

If "Provider's instructions to not take meds" is selected, then you will see this alert:

**STOP (save assessment) Let's call your provider's office to clarify the instructions. [3-way call to managing provider's office]**

If "Forget to take" is selected, you will see this alert:

**STOP (save assessment). Taking medications around daily routines is easier to remember (for example: right after using the bathroom in the morning)**

If "Complexity – too many medications at different times" is selected, you will see this alert:

**Complex medication schedules can be difficult to manage, especially if you are taking many different medicines at different times. Setting up your medicines each Sunday, for example, in a pill box for the week may help.**

If "Ran out of medication" is selected, you will see this alert:

**STOP (save assessment) Let's call your provider's office to see if he/she can call in a refill or needs to see you. [3-way call to managing provider]**

If "Unable to pay" is selected, the following alert will appear:

**STOP (save assessment). Let me look into your coverage. [Confirm benefit plan doesn't cover/partially covers medications]**

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If “Transportation” is selected, you will see the following alert:

 STOP (save assessment) [Contact transportation vendor or social worker/community resources and assist with coordinating transportation]

If “Side effects/allergic reaction” is selected, the following alert will appear:

 Taking your medications and following your provider's instructions is important to help you feel better. It is important for you to discuss any problems with your medicines or any medication changes you make with your provider.

If “It doesn’t work” is selected:

 Taking your medications and following your provider's instructions is important to help you feel better. It is important for you to discuss any medication changes you make with your provider.

If “Difficulty taking/swallowing” is selected, you will see this alert:

 Many people may from time to time experience difficulty taking or swallowing their medicines, it is important to discuss this with your provider to ensure they review different options with you.

Please note in the above question there are check boxes, so you are able to select more than one of the ‘reasons’ which will lead to multiple alerts showing up that you will need to address with the member.

 **Do you have refills for your prescriptions? \***

Yes  
 No

 [Set an activity to call 2 weeks prior to running out of medicine and confirm member is planning on getting a refill]

If “No” is selected, you will see the following alert:

 STOP (save assessment) Let's call your provider to make sure you don't run out of medications [3-way call to managing provider to call in a refill or schedule an appointment. Discuss mail order pharmacy and if interested assist in setting it up]

 **Do you have a scale? \***

Yes  
 No

 **Do you weigh yourself regularly? \***

Yes  
 No

If you select “Yes” you will see the following alert:

 How often does your provider want you to weigh yourself? It's easier to weigh yourself first thing in the morning or at the same time during the day, wearing same type of clothing.

If you select “No” you will see this alert:

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 What is the reason for you not weighing yourself regularly? [Address barriers; coordinate obtaining a scale; ask support person to check the weight at least weekly; if needed, set a reminder to call member]



**What do you do if your weight starts going up? \***

-- Select --  
-- Select --  
Don't know what to do  
Has instructions on appropriate adjustment of diuretic medications

If “Don’t know what to do” is selected, you will see the following alert:

 Let's call your provider's office. [3-way call to managing provider office to request verbal/written instructions.]

If “Has instructions on appropriate adjustment of diuretic medications” is selected, you will see the following alert:

 [Review with member to assess understanding; obtain clarification w/provider as needed.]



**Are you limiting the amount of salt in your diet? \***

Yes  
 No

If “No” is selected, you will see the following alert:

 [Assess member's knowledge base re: sources of salt in foods (processed food, canned food); offer lower-salt options/info; strategies to reduce fluid retention. ]



**Are you taking non-steroidal medications (aspirin, ibuprofen, naprosyn, mobic)?**

Yes  
 No

If “Yes” is selected:

 Does your provider know that you are taking it? [NSAIDs may cause heart failure to worsen. Discuss w/provider at next office visit.]



**Do you have a written heart failure action plan? \***

Yes  
 No

If “Yes” is selected, you will see this alert:

 Based on your action plan: what do you need to do when you have symptoms of HF? [As needed, review and explain action plan details.]

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If "No" is selected, you will see this alert:



[Review/Discuss a VCCI action plan and schedule a f/u call to review.]